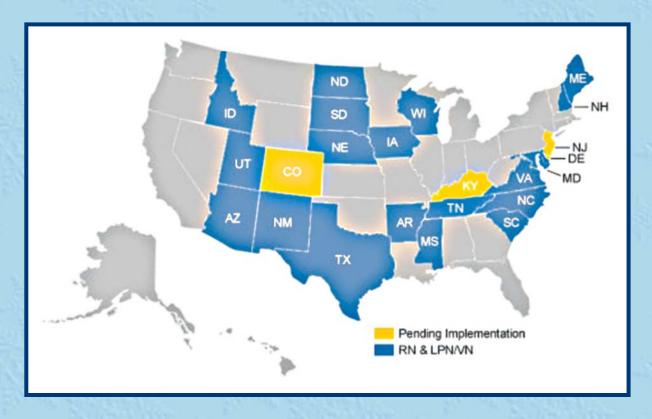
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Winter 2006-2007 | Edition 10



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Statistics Corner

As of January 11, 2007, KBN records show:

50,773 **RN** Active I PN Active 13,671 601 **RN** Retired LPN Retired 3,012 Advanced Registered Nurse **Practitioners** Sexual Assault Nurse Examiners Dialysis Technicians Active Dialysis Technicians Inactive 245



KBN Connection circulation includes over 70,000 licensed nurses and student nurses in Kentucky.

- Highlights of Board Actions
- Legal Corner
- 2007 Kentucky Board of **Nursing Conference**
- Licensure Corner
- Continuing Competency Requirements
- **Nurse Licensure Compact**
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PRESIDENT'S MESSAGE

At the closure of 2006, the Task Force on Revision of Education Regulations completed their work for submission to the KBN Education Committee. The Task Force was led by Dr. Jimmy Isenberg, KBN Past President and Dr. Patty Spurr, KBN Education Consultant. The members Force were Dr. Dorothy Brockopp (University of Kentucky), Dr. Cathy Bays (University of

of the Task Force were Dr. Dorothy Brockopp (University of Kentucky), Dr. Cathy Bays (University of Louisville), Milton Borntrager (Southeast Kentucky Community and Technical College), Dr. Sue Davis (KBN President), Ann Fultz (KBN Board Member, LPN Practice), Preston Lewis (Pikeville Regional Medical Center), Dr. Erla Mowbray (Morehead State University), Dr. Betty Olinger (Kentucky State University), Janie Owens (Advanced Nursing Practice), Dr. Tena Payne (West Kentucky Community and Technical College), Roselyn Tomasulo (Nursing Practice and formerly Galen College), Peggy Tudor (Eastern Kentucky University), and Dr. Mary Gail Wilder (Henderson Community College).

The Task Force was charged with reviewing each regulation in KAR 20 relevant to prelicensure programs of nursing. The group began their work in May 2006 and met numerous times in Louisville or by conference call. The Task Force has taken most seriously the importance of having clear standards that direct quality nursing education which will result in protection of the citizens of the Commonwealth. Each regulation was reviewed with dedicated time devoted to a thorough examination of the language and consideration of the interpretation of each section.

The scope of the work was critical so that KBN would be able to assure the citizens of the state and the students entering Kentucky's nursing programs that the programs were offering quality nursing education, led by effective nurse administrators, and delivered by qualified faculty members in adequate educational and clinical facilities. This is not, of course, an exhaustive listing of the work done, but an attempt at sharing the range of essential factors relevant to nursing education.

The regulations reviewed defined RN and PN programs; identified organization and administration standards; explained the programs of nursing survey; clarified the approval process for a program of nursing; defined off-site (extension) programs; articulated faculty credentials; outlined the curriculum expectations for RN and PN programs; guided admissions, progression and graduation policies; identified adequate educational facilities and resources; and established evaluation standards.

Great work has been done, with more work to follow. The next phase will be for the Education Committee to review these regulations in the new year and then forward the revisions on to the full Board for review and action.

My most sincere thanks are extended to the members of the Task Force for the time, effort, and commitment to such an important work to assure quality nursing education throughout the state.

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EXECUTIVE DIRECTOR'S MESSAGE

"We will open the book. Its pages are blank. We are going to put words on them ourselves. The book is called Opportunity and its first chapter is New Year's Day." ~Edith Lovejoy Pierce

NEW YEAR ~ NEW OPPORTUNITIES

Now that the celebration of a new year is past, most of us have moved on to other things—maybe even back to business as usual. However, the beginning of a new year brings opportunities that perhaps we should spend a bit more time thinking about. A new year gives us an opportunity to list all of our good intentions, assess the year passed, and list our hopes for the future. As the quote above notes, a new year presents us with a clean slate—and endless possibilities—IF we are posed to take advantage of it. Only we can answer the critical question, what shall I do with this clean slate that is my nursing career? How well each of us uses the new year in our professional lives will have great impact not only on us, but also on our work environments and the citizens of Kentucky. What have we put off; what in all of 2006 did we not get around to doing?

Some things are automatically on our 'professional' list of good intentions. Acquiring 14 contact hours of continuing education or meeting any of the other continuing education requirements will likely be on the list. But what about those professional activities and responsibilities that do not readily come to mind? What about improving our communication or mentoring a new colleague? What about enrolling in an academic course and starting on the road to a new degree? What about meeting with an academic advisor? Even more simplistic, what about making a commitment to improving communications with other nurses and members of the healthcare team, becoming involved with a professional group, or seeing that new graduates receive a positive welcome in your work setting? Simply acknowledging the expertise of coworkers when given the opportunity and recognizing the accomplishments and best practices of other nurses can raise morale and benefit nursing practice by affording others the chance to share know-how and to learn. You might consider actually talking with that co-worker whom you believe may need a referral to the KARE (Kentucky Alternative Recovery Effort) program. Our work environment, our lives, and our careers could well benefit from addressing a few of those "going to get around to it some day" issues.

Now, I'd like to present one additional option to the long list that you're likely considering for your professional resolutions. This year, we hope to highlight nursing practice and education initiatives across the state by publishing guest articles in the *KBN Connection*. So we invite YOU to submit guest articles for publication. Articles should be no more than 1,000 words in length and may describe initiatives that reflect practice, professional development, or academic innovations. This will showcase the great things that we know are going on across the state, and we hope that you will share your accomplishments and problem solving strategies with colleagues.

In conclusion, let us be guided by words from Oprah, ". . . doing the best at this moment puts you in the best place for the next moment." So I challenge you: What will you—the nurse—do with the clean slate that is 2007? Don't pass up your chance; the sky is the limit if you seize the opportunity!

Charlotte F. Beason, Ed.D., RN

KBN'S NEW YEAR PLANS

June 1: Implement the Nurse Licensure Compact

June 1: KBN Professional Program at Kentucky State Fairgrounds

August 17-27: KBN Will Meet You at the Kentucky State Fair!

August 29-30 Ongoing Projects: Board Meeting in Western Kentucky at

Kentucky Dam Village

Elicit and Review Comments and Data Regarding Medication Administration

by Unlicensed Assistive Personnel

Ongoing Projects continued:

Research on Clinical Nurse Internship Review/Revision of Education Regulations KBN Leadership Programs Across the State

PATIENT

Safety Issues

Cultural Diversity and Medication Safety

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (September 2005, Volume 3, Issue 9), with permission by the Institute for Safe Medication Practices.

Census reports in the U.S. show that 1 in 4
Americans are of a race other than Caucasian; 1 in 3
children are African American, Hispanic, or Asian; and
1 in 10 people are foreign-born.1 Such cultural
diversity can have implications for medication safety.
Ethnic culture affects our beliefs about health, illness,
and medications, as well as how we interact with
healthcare providers, comply with prescribed
medications, and respond physiologically to drugs.
While ethnic differences are vast, a few common
themes found in the literature are provided below as
examples.²⁻⁴

Beliefs concerning health, illness, and medications.

When illness or injury strikes, Caucasian patients are typically intolerant to pain, unlike patients from many other cultures, where pain is seen as part of life. Caucasian patients also have a high expectation that their disease will be cured or well managed through technology and powerful drugs. Most Caucasian Americans expect to leave the doctor's office with a prescription. They believe that the management of microbes is more important than bolstering resistance to them. Thus, American medicine tends to be aggressive, with its primary focus on the effectiveness of treatment, and a fairly high tolerance to side effects. In Japan, a drug's safety profile is stressed more than its effectiveness, which explains the general use of lower doses and fewer reported side effects. European medicine reflects a mid-position between American and Japanese cultures. Immigrants from different cultures may, therefore, have different expectations regarding the type of drug prescribed, dosages, and tolerance to side effects.2-4

For example, while Hispanics and Asians often expect quick relief from symptoms, they are cautious about American medicines and often initiate downward dosage adjustments to avoid even minor side effects. The Chinese also consider American medicine to be quick and effective in removing symptoms, but not a permanent cure. Since they believe that traditional Chinese medicine can remove the cause of the illness, they often use American medicine for acute illness, surgery, and severe disease, and rely on Chinese medicine for long-term treatment.²⁻⁴

Interaction with health-care providers.

When they are dealing with non-minority healthcare providers, minority patients often find eye contact, body posture, and other forms of nonverbal communication significant, especially if a language barrier is present. For Asian patients, who may be accustomed to a formal relationship with their healthcare providers, a casual appearance, attire, or attitude may damage the development of a trusting relationship. Even when comfortable with healthcare providers, some Asian or Hispanic patients may be reluctant to speak up about their illness. Out of misplaced deference for doctors and a reluctance to share deeply personal information, they may minimize or conceal adverse events, or stop taking medications because of the side effects without telling their providers. Family involvement may be important, too. In Hispanic families, the mother or grandmother (of the husband especially) usually makes the healthcare decisions. The opinions of Asian family members and elders are also greatly respected during illness.2-4

Adherence to medication regimes.

Ethnic beliefs may play a role in the early discontinuation of prescribed drugs. For example, African Americans and Native Americans often doubt the need for medications when symptoms ease, and may discontinue drugs like antibiotics and antidepressants. In some developing countries, medications are customarily prescribed for just a few days. This knowledge may thwart the acceptance of drugs with a delayed onset, such as antidepressants. Hispanics also tend to believe that the lack of symptoms means they are cured. This could be especially problematic in treating diabetes, a prevalent illness in the Hispanic community. When symptoms abate, patients may stop taking their medication. Diabetes is a challenge for Asian Americans, too. The disease is uncommon in Asia, so it's difficult for patients to grasp the relationship between blood sugar and diet. Dietary requirements also do not fit well with the way Asians think about food.2-4

Cultural preferences, rituals, or fears may also affect adherence with medications. Women from Islamic and African cultures who have vaginal yeast infections may prefer oral drugs to vaginally inserted medications. Latin Americans expect injections, so they may believe that oral medications are less effective. Some cultures practice religious fasting, which can affect medication schedules or interfere with drug absorption. Mexican and Puerto Rican patients' concerns about the addictive effects of medications can lead to reluctance to take chronic

medications for the long term. Vietnamese patients may take just half of their prescribed medication, believing it's too strong.²⁻⁴

Physiologic response to medications.

Due to some specific genetic traits, ethnicity may play a role in how fast patients metabolize drugs. Therefore, dose adjustments may be necessary at times. For example, Asians and Eskimos need lower doses of anxiolytics than Caucasians. Asians, Indians, and Pakistanis require lower doses of lithium and antipsychotic drugs. African Americans' symptoms generally improve faster after taking neuroleptics and anxiolytics. Hispanics may require lower doses of antidepressants than Caucasians. However, metabolism of drugs within the same class may vary since some may be cleared by a different metabolic pathway.²⁻⁴

Pointing out ethnic differences can be a touchy subject because of fear of offending people. In fact, it's unwise, even false and prejudicial, to assume that everyone from a certain culture will respond the same way. However, these examples of ethnic diversity serve only to point out that we are all members of an ethnic group, each with cultural values that influence our behavior and physiologic response to medications. That knowledge alone should help us avoid a "we/they" attitude when caring for patients from a different culture than our own.

The large number of ethnic cultures in the U.S. makes it hard to be culturally competent. But we can approach patients with respect while assessing their likelihood of acting on cultural beliefs that could adversely affect treatment outcomes. Individuals who are recent immigrants; live in ethnic enclaves; prefer using their native tongue; travel frequently to their native country; and have frequent contact with others within their ethnic group are more likely to follow strongly held cultural beliefs. While misinformation or lack of information should be addressed, we should strive to bring effective healthcare to patients within a psychosocial context that is appropriate for their culture.²⁻⁴

References: (1) U.S. Census Bureau: U.S. Census 2000 (www.census.gov/main/www/cen2000.html). (2) Levy R, Hawks J. Cultural Diversity and Pharmaceutical Care. Reston, VA: National Pharmaceutical Council; May 1999. (3) Burroughs VJ, Maxey RW, Levy RA. Racial and ethnic differences in response to medicines: towards individualized pharmaceutical treatment. *J Natl Med Assoc* 2002;94:1-26. (4) Pavlovich-Danis S. Ethnicity and culture vary medicinal effects. *Nurs Spectr* (Phila/TriState), 1999; Oct 4:18-19.

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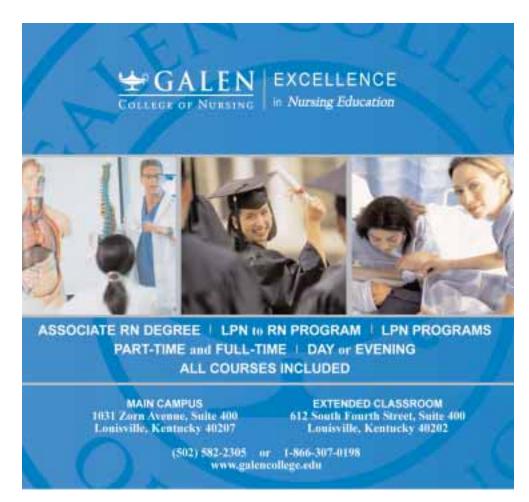
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CONSUMER PROTECTION CORNER

Expungement of Records

by Sandy Johanson, Manager, Consumer Protection Branch

KBN has an administrative regulation that allows certain disciplinary records to be expunged. If you have had disciplinary action and feel that your record meets the requirements as outlined in the regulation below, you may send a written request to the KBN office requesting that your record be expunged. Your request will be reviewed and, if approved, you will be notified in writing. For more information, contact Sandy Johanson at 502-429-3308.

201 KAR 20:410. Expungement of records. RELATES TO: KRS 314.131(9) STATUTORY AUTHORITY: KRS 314.131(1) NECESSITY, FUNCTION, AND CONFORMITY: To set forth the records which may be expunged and the procedure to follow.

SECTION 1. Definitions. "Expungement" shall mean that all affected records shall be sealed and that the proceedings to which they refer shall be deemed never to have occurred. The person may properly reply that no record exists with respect to such persons upon any inquiry in the matter.

SECTION 2. Upon a request from a nurse against whom disciplinary action has been taken, the board shall expunge records relating to the following categories of disciplinary action:

- (1) Consent decrees that are at least seven (7) years old; and
- (2) Agreed orders and decisions which are at least ten (10) years old and which concern one (1) or more of the following categories, provided that there has been no subsequent disciplinary action:
 - (a) Failed to timely obtain continuing education or AIDS education hours;
 - (b) Paid fees by a check that was returned unpaid by the bank; or
 - (c) Practiced as a nurse or advanced registered nurse practitioner without a current, active license, registration or temporary work permit.
- (3) Agreed orders and decisions which are at least ten (10) years old and which resulted in a reprimand, provided that there has been no subsequent disciplinary action and all of the terms of the agreed order or decision have been met.

SECTION 3. The board shall not report cases which have been expunged to any other state agency, other board of nursing, or any other organization. (22 Ky.R. 418; eff. 9-20-95; 29 Ky.R. 1306; eff. 1-15-03.)

Immediate Temporary Suspensions

by Paula K. Pabon, JD, KBN Prosecuting Attorney

Many nurses are unaware that there are instances when KBN can take immediate action to suspend their nursing license. This immediate action is done by way of an Order of Immediate Temporary Suspension or ITS as it is referred to by KBN staff. The most common of these immediate temporary suspensions involves a nurse's failure to obtain a required mental health, chemical dependency, or physical evaluation as ordered by KBN (KRS 314.085), or in the event there is an immediate need to protect the public (KRS 314.089). In addition, KRS 314.075 allows KBN to suspend the license of a nurse who issues payment for a license that is dishonored by the bank. This includes writing a bad check to KBN or having insufficient funds in the bank account to cover an electronic transfer of money (ACH, debit, etc).

A temporary suspension is interim action taken by KBN while disciplinary action or a complaint is pending. An ITS goes into effect the day it is entered and it is delivered to the nurse via certified mail at the nurse's address of record with KBN. If KBN is aware of where the nurse is employed, the employer will be notified of the suspension. The nurse has a right to a hearing on the issuance of the ITS and that hearing must be held within ten days of the request. The hearing does not dispose of the underlying complaint but only determines whether the temporary suspension will remain in place pending conclusion of the investigation or resolution of the complaint. In some instances, a nurse may be able to reinstate his/her nursing license upon compliance with KBN's Order or upon payment of the bad check and bad check fee.

In addition to suspensions implemented pursuant to KRS 314.075, 314.085 and 314.089, there are two additional instances when KBN may suspend a nurse's license. One is for failing to pay court ordered child support and the other is for defaulting on a student loan issued by the Kentucky Higher Education Assistance Authority (KHEAA). While not falling under KRS 314 of the *Kentucky Nursing Laws*, each of these instances is enforced by KBN pursuant to law.

KRS 205.712 establishes the Division of Child Support in the Cabinet for Families and Children. This provision provides that the Cabinet is authorized to identify a professionally licensed individual to the appropriate licensing board and notify the board to initiate "the denial, revocation, or suspension of…the professional license…" if the individual owes a child support arrearage equal to or greater than six month's obligation.

Pursuant to KRS 164.772, KBN shall revoke or suspend, shall not issue or renew a license of any person who is in default of the repayment obligation under any financial assistance program in KRS Chapters 164 and 164A. KBN receives notification from the Finance and Administration Cabinet of KHEAA that an individual has not entered into a satisfactory repayment agreement for a student loan as determined by KHEAA, has not repaid the obligation in full, and has not otherwise had the repayment obligation discharged or waived by KHEAA and has thus defaulted.

Once KBN receives notification from these agencies that a nurse has either failed to pay child support or defaulted on a student loan, KBN will enter an administrative complaint and initiate action to temporarily suspend the nurse's license. The suspension will remain in effect until KBN receives proper written notification that the nurse has entered into a satisfactory repayment agreement as determined by the appropriate agency.

continued on following page

Information regarding immediate temporary suspensions can be found on the KBN website at

http://kbn.ky.gov/conprotect/investdiscp/its.htm. There are also links to the Kentucky Revised Statutes referenced in this article.

Disciplinary Case Review

by **Ann Tino, RN, BSN,** Certified Nurse Investigator, Consumer Protection Branch

So you were at a party this past weekend and your friends were sharing hits from a joint. You thought to yourself, "what the heck, I'm off for the weekend and don't go back to work until Monday. I'll be fine by then." So you take a few drags from the shared joint and the rest of the evening is uneventful. Monday morning you report to work and about mid-shift a vial of Demerol is missing. Your nurse manager pulls you aside and tells you that everyone with access to the controlled substances is being tested due to the missing Demerol. You think to yourself, "Hey, no big deal. I didn't take it. It won't show up in my system." Like the good employee that you are, you comply with the request and offer your urine. The next day, your manager tells you that you tested positive for THC (i.e., marijuana, weed, grass). Your heart starts to race and your day is downhill from there. Your manager advises you that due to the results of the testing, your position as a nurse is being terminated and a formal complaint is being made to the Board of Nursing. So much for the innocent toke from the weekend.

Another nurse develops sudden tooth pain over the weekend while visiting her parents in Ohio. She medicates herself with Tylenol and Ibuprofen but without relief. Her mother has a prescription for Darvocet handy from one of her own health aliments and offers it to the nurse. Innocently enough, the nurse thinks, "Great, this will hold me over until I get home and get to the dentist." Upon returning home, her toothache is better and she never bothers to contact her dentist. Christmas is nearing and she is seeking a second job to earn extra cash. She applies at a local nursing home and is sent for a pre-employment drug test. She is offered the position pending the results of the drug test. Days later, she is contacted by the employer and asked to verify her list of medications. She tested positive for Darvocet. Unfortunately, she did not have a prescription in her name to support the results of her positive urine drug screen. So in attempt to gain more income, she loses that job and a complaint to the Board is submitted.

These are only two examples of cases involving positive drug screen results that KBN reviews frequently. Many people are not aware that Kentucky is a mandatory reporting state. All employers are required by law to report any nurse that has a positive drug screen result that cannot be supported by a legitimate prescription. KRS 314.031 (4) reads, "It shall be unlawful for any nurse, employer of nurses, or any person having knowledge of facts to refrain from reporting to the board a nurse who... (e) is suspected of violating any provision of this chapter." KRS 314.091(1)(f) allows KBN to take disciplinary action against a nurse who abuses the use of controlled substances, prescription medications, or alcohol.

Any drug related case that is filed with KBN **typically** results in an order for a chemical dependency evaluation. According to KRS 314.085 (1), "If the Board has reasonable cause to believe that any license…is unable to practice with reasonable skill and safety or has abused alcohol or drugs, it may require the person to submit to…chemical dependency evaluation by a licensed or certified practitioner designated by the Board." The evaluation is done at the expense of the nurse.

The outcome of the case depends largely on the results of the evaluation and the individual circumstances of each case. From an investigator's standpoint, clearly the cases referenced above violate the *Kentucky Nursing Laws*. However, in both cases the chemical dependency evaluations did not reveal a chemical dependency diagnosis and the acts were found to be isolated instances. **In the past**, these nurses would have been issued a letter of concern for their actions with no further requirements on their part.

Beginning January 2007, KBN will take a new approach to these types of violations. If KBN receives a complaint that a nurse has a positive drug screen for a non-prescribed drug or illicit substance and the chemical dependency evaluation is negative, a Consent Decree will be offered to the nurse. The terms of the Consent Decree will be to pay a fine of \$250 and to provide evidence of earning an additional 30 contact hours of continuing education. These terms must be met within 30 days of ratification of the Consent Decree. The Consent Decree will not be formal disciplinary action on the nurse's license and will not be reported to other state boards of nursing, the National Council of State Boards of Nursing or other organizations, unless required by law.

If KBN has had a previous complaint on the nurse involving similar circumstances, the nurse will at the minimum receive a Reprimand, be required to pay a fine ranging from \$500 to \$1000, provide evidence of additional continuing education and submit to random urine drug screens for at least one year. The screens would be at the expense of the nurse. The Reprimand is disciplinary action on the license and is not cleared until all requirements of the Order are satisfied. As is standard with any action taken on a license, the Reprimand will be published in the *KBN Connection* and reported to other state boards of nursing and the National Council of State Boards of Nursing.

The above cases involved nurses with negative chemical dependency evaluations; therefore, the outcome of any case could change dramatically based on the findings of the evaluation.

My very wise, elder brother always told me to "THINK BEFORE YOU ACT." It may seem innocent at the moment, but it is a difficult, sometimes costly, way to learn a lesson. Remember that you worked hard for your license and you need to protect it. The license you save could be your own.

For practice related issues, contact Bernadette Sutherland, Nursing Practice Consultant, at 502-429-3307 or toll-free at 1-800-305-2042, ext 231. For questions about the KARE for Nurses Program, contact Paula Schenk, Program Director, 502 429-3300, ext 236, or toll-free at 1-800-305-2042, ext 236.

HIGHLIGHTS OF BOARD ACTIONS

Executive Director Report

- Approved to accept all changes to amended regulations 201 KAR 20:225, 201 KAR 20:240, and 201 KAR 20:059.
- Approved ARNP renewal fee of \$40 for each registration/designation held by an ARNP.

Education Committee

- Approved the proposed revision to regulation 201 KAR 20:390.
- Accepted the location for the proposed
 Associate Degree Program of Nursing at
 Bowling Green Technical College, Glasgow.
 Directed the program to submit a progress
 report within 3 months of entrance of the
 first class documenting the implementation
 of the program proposal to include
 admission details; copy of student handbook;
 copy of each syllabus for the 1st semester;
 list of faculty as assigned by course; list of
 signed clinical agreements; the plan for
 clinical site per course for upcoming
 academic year; evaluation plan for the
 extension; and faculty office space.
- Accepted the location for the Associate
 Degree Program of Nursing at Campbellsville
 University, Campbellsville.
- Approved the curriculum change proposed by Madisonville Community College, Madisonville, to integrate the RN and PN curriculums.
- Accepted the application from National College of Business and Technology, Pikeville, to establish an Associate Degree of Nursing Program.
- Accepted the proposed Mt. Sterling site as the main campus for enrollment until such time as Morehead State University completes the application and proposal process required under 201 KAR 20:290, Standards for Prelicensure RN and PN Extension Programs.
- Accepted the application from Bluegrass
 Community and Technical College, Danville
 and Lawrenceburg, to establish an
 experimental prelicensure program of
 nursing in conjunction with Harrodsburg Area
 Technology Center, Harrodsburg.
- Accepted response from Spencerian College, Louisville, outlining how the program administrator's job responsibilities are being

covered by the interim director of the PN program. Further directed Spencerian College to submit to KBN within 90 days a response addressing each duty of the program administrator as outlined in 201 KAR 20:260, Organization and Administration Standards for Prelicensure Programs of Nursing, and how each will be operationalized at Spencerian; a detailed outline/job description for the position of director of the nursing programs/nurse administrator; and a job description for the associate director of the PN program and the RN program.

Practice Committee

- Approved letters of response to the following opinion requests: Delegation of sterile urinary catheterization to unlicensed assistive personnel; delegation of intravenous peripheral catheter removal to unlicensed assistive personnel; role of LPNs in patient observation and assessment in home health settings; supervision requirement for LPNs who practice in home health settings; scope of LPN practice in a proposed "Doctor's On Call Answering Service"; scope of RN practice in the certification of "false labor" under 42 CFR 489.24 Emergency Medical Treatment and Active Labor Act (EMTALA); and preanesthesia screening evaluation by an ARNP and/or RN.
- Approved the following statement to disseminate to emergency preparedness agencies: The Kentucky Board of Nursing supports the use of prelicensure nursing students to help supplement medical activities during a disaster, pandemic, or any major event that precipitates medical surge across the state. Such students may function at the level of their educational preparation and/or as personnel who could be further trained to assist in providing health related services.
- Directed KBN to establish a taskforce of individuals associated with the administration of medications by unlicensed personnel, to assist the Board in the identification and exploration of issues, and future planning surrounding this practice.

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HIGHLIGHTS OF BOARD ACTIONS continued

• Directed a meeting be scheduled with health care facility nursing executives to discuss the role of KBN when potential facility systems issues are identified by the Board.

Consumer Protection Committee

- Approved 201 KAR 20:163, Standards for Approved Evaluators.
- Approved changes to KRS 314.075, KRS 314.091, and KRS 314.109.

Alternative to Discipline for Practice Ad Hoc Group

- Approved the development of a paper outlining what activities the board presently undertakes that are consistent with "Just Culture" philosophy. Directed KBN to initiate a statewide discussion on "Just Culture" by inviting interested associations, state boards and agencies, and facilities to a meeting to explore adopting "Just Culture" in Kentucky.
- Approved the development of a board philosophy on discipline and the development of a definition of a minor incident.

Disciplinary Actions

• Approved 22 Proposed Decisions as written and 1 Proposed Decision as amended

MARK YOUR CALENDARS

2007 Kentucky Board of Nursing Biannual Conference will be held on Friday, June 1, 2007. Kentucky Fair and **Exposition Center** Louisville, KY

LEGAL CORNER

by Nathan Goldman, General Counsel

ARNP PRESCRIPTION AUTHORITY LEGAL UPDATE

KBN recently filed an administrative regulation, 201 KAR 20:059, on ARNP prescriptive authority. This administrative regulation is a result of the last meeting of the Controlled Substance Formulary Development Committee. That committee was charged with developing a list of certain highly abused controlled substances and recommending limitations on their prescription by ARNPs. KBN accepted their recommendations in October and the administrative regulation was filed with the Legislative Research Commission (LRC). The Administrative



Regulations Review Subcommittee of the LRC is tentatively scheduled to review this administrative regulation in January 2007. A copy of the administrative regulation as filed is provided below.

GENERAL GOVERNMENT CABINET BOARD OF NURSING (NEW ADMINISTRATIVE REGULATION)

201 KAR 20:059. Advanced registered nurse practitioner controlled substances prescriptions.

RELATES TO: KRS 314.011(8)(c). STATUTORY AUTHORITY: KRS 314.131(1).

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.011(8)(c) authorizes the Controlled Substances Formulary Development Committee to make recommendations to the Board of Nursing concerning any limitations for specific controlled substances. This administrative regulation implements that provision.

Section 1. Specific controlled substances. The following controlled substances have been identified as having the greatest potential for abuse or diversion:

- (1) Diazepam (Valium), a Schedule IV medication;
- (2) Clonazepam (Klonopin), a Schedule IV medication;
- (3) Lorazepam (Ativan), a Schedule IV medication;
- (4) Alprazolam (Xanax), a Schedule IV medication;
- (5) Carisoprodol (Soma), a Schedule IV medication;
- (6) Combination Hydrocodone products in liquid or solid dosage form, Schedule III medications.

Section 2. Limitations.

- (1) Prescriptions for the medications listed in Section 1(1), (2), (3), and (4) of this administrative regulation shall be limited to a fourteen (14) day supply without any refills.
- (2) Prescriptions for the medication listed in Section 1(5) of this administrative regulation shall be limited to a thirty (30) day supply without any refills.
- (3) Prescriptions for the medications listed in Section 1(6) of this administrative regulation shall be limited to a fourteen (14) day supply without any refills.

Also, KBN has received questions about the CAPA-CS and the CAPA-NS. The CAPA-CS is the agreement between an ARNP and a physician concerning controlled drugs. The CAPA-NS is the agreement between an ARNP and a physician concerning noncontrolled, legend drugs. These are two separate agreements. The ARNP is required to file the *Notification of the CAPA-CS Form* with KBN. This form is available on the KBN website at

http://kbn.ky.gov. The ARNP should not send a copy of the CAPA-CS to KBN, only the notification form. Additionally, the ARNP should not send a copy of the CAPA-NS to KBN, nor does the ARNP need to notify KBN of the existence of the CAPA-NS.

If you have any questions about ARNP prescriptive privileges, contact either Nathan Goldman, General Counsel, by email at Nathan.Goldman@ky.gov or by

Nathan.Goldman@ky.gov or by telephone at 502-429-3309, or Bernadette Sutherland, Practice Consultant, by email at

BSutherland@ky.gov or at 502-429-3307.



Visit the KBN website at kbn.ky.gov





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OMHS is a member of the Institute of Healthcare Improvement and the IMPACT network, international efforts to actively guide hospitals to higher quality standards. OMHS supports its own eye-Q program, an integrated effort to raise the awareness and intelligence (IQ) about healthcare quality at OMHS.

Featured both internally and throughout the community, the campaign highlights all we are doing to make medical care better, safer and more effective for our patients.

CONSIDER

our strong affiliations with national leaders in specialty care

OMHS has ambitious goals, and our institutional relationships reflect that.

The OMHS Heart Center partners with the renowned Jewish Hospital Heart and Lung Institute and University Cardiothoracic Surgical Associates, Louisville,

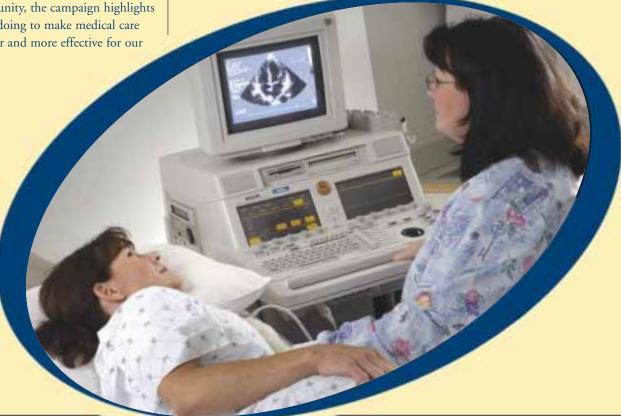
An association with the University of Louisville James Graham Brown Cancer Center provides opportunities for clinical trials and research.

The Vanderbilt-Ingram Cancer Center Affiliation Network offers OMHS patients access to the latest in cancer treatments, therapies and clinical trials.

The American College of Surgeons Oncology Group offers participation in surgical trials that evaluate new operations, technology, biological agents and instrumentation.

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Laman Gray, Jr., M.D. Director, Division of Thoracic and Cardiovascular Surgery University of Louisville



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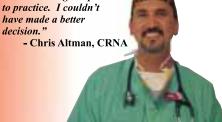
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2007 KENTUCKY BOARD OF NURSING CONFERENCE JUNE 1, 2007 Kentucky Fair & Exposition Center, Louisville, KY

"KENTUCKY NURSING: TODAY AND BEYOND"

KEYNOTE SPEAKER: Ron Crouch – Director of Kentucky State Data Center

Ron's background is in analyzing data and developing information in ways that enhance understanding and utilization. Ron's vocation is that of "knowledge disseminator." He averages about 150 presentations a year across the U.S. where he spreads the news that our demographic landscape is changing. A primary challenge in the next three to five years will be meeting the divergent needs of this changing population. Who will comprise the Kentucky workforce of tomorrow? Ron will discuss the results of his findings and share his vision for the future.

OBJECTIVES:

- Identify the shifting demographics that will have direct impact on nursing practice.
- Discuss strategies being utilized around the state to address the nursing shortage and healthcare delivery.
- Outline the components of the interstate compact and nursing licensure.
- Articulate the process being undertaken within Kentucky related to the implementation of the nurse compact.

Aitiodiate the pro	cess being undertaken within Kentdek	y related to the implem	iontation of the harse compact.
AGENDA FRIDAY, JUNE 1, 2007		12:15 – 1:15 p.m.	Lunch (Provided)
		1:15 – 2:00 p.m.	Multi-State Licensure
8:15 – 8:45 a.m.	Registration (Light Refreshments)		Kentucky Board of Nursing Staff
		2:00 – 2:15 p.m.	Break
8:45 – 9:00 a.m.	Welcome and Opening Remarks – Sue Davis, KBN President & Charlotte Beason, Executive	2:15 – 2:45 p.m.	Multi-State Licensure (Continued)
	Director; Moderator: Peggy Fishburn, KBN Vice President	2:45 – 4:00 p.m.	KBN Update & Open Forum – Charlotte Beason
9:00 – 10:15 a.m.	Ron Crouch – Kentucky, An Edge State with Numerous Opportunities	4:00 – 4:15 p.m.	Conference Summary (Concluding Remarks and Conference Evaluation)
10:15 – 10:30 a.m.	Refreshment Break	CONTINUING FOLICA	ATION CONTACT HOURS: The
10:30 – 12:15 p.m.	Panel Discussion: Nursing Workforce across Kentucky	Kentucky Board of Nursing will award 7.2 KBN approved nursing CE contact hours to participants upon successful	

ved sful completion of the June 1, 2007 program.

REGISTRATION FEE: *In advance:* \$135 *At the door:* \$175 *The conference registration fee covers materials,* continuing education credit, refreshments and lunch (make checks payable to the "Kentucky Board of Nursing).

REGISTRATION & REFUND DEADLINE: The registration form and payment must be returned to KBN by May 25, 2007. Refunds will be issued for cancellations received prior to May 25, 2007. Substitutions for paid registrants will be accepted.

QUESTIONS: *Email LilaA.Hicks@ky.gov or call the KBN* office at 800-305-2042 or 502-429-3300, Ext. 299, or Fax 502-696-5762.

	(Light Refreshments)
8:45 – 9:00 a.m.	Welcome and Opening Remarks – Sue Davis, KBN President & Charlotte Beason, Executive Director; Moderator: Peggy Fishburn, KBN Vice President
9:00 – 10:15 a.m.	Ron Crouch – Kentucky, An Edge State with Numerous Opportunities
10:15 – 10:30 a.m.	Refreshment Break
10:30 – 12:15 p.m.	Panel Discussion: Nursing Workforce across Kentucky Moderator: Sue Davis Joy Knight – Kentucky Hospital Association Ruby Jo Cummins Lubarsky, President – Kentucky Association of Health Care Facilities Baretta Casey – UK Center for Rural Health Tim Veno – Kentucky Association of Homes and Services for the Aging Erla Mowbray – Morehead State University

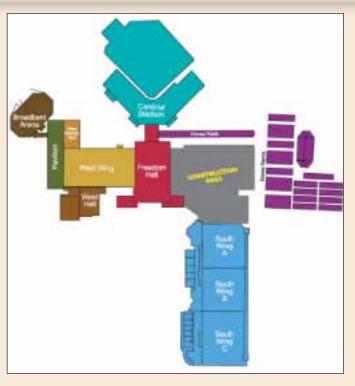
2007 KENTUCKY BOARD OF NURSING CONFERENCE JUNE 1, 2007 Kentucky Fair & Exposition Center, Louisville, KY



DIRECTIONS TO THE EXPO CENTER: The Kentucky Exposition Center is located at the junction of I-65 and I-264 (937 Phillips Lane) in Louisville. Signs reading "Fair/Expo Center" on both interstates lead to the main gate. Visitors may want to avoid traffic by entering Gates 2 or 4 on Crittenden Drive or Gate 6 on Preston Highway.

CONFERENCE HOTEL ACCOMMODATIONS: There are a number of hotels in close proximity to the Expo Center. Suggestions: Executive Inn (502-367-6161), Executive West (502-367-2251), Courtyard by Marriott–Airport (502-368-5678), and Howard Johnson (502-363-9952).

Note: This list should not be considered an exhaustive list or endorsement for any hotel.



KENTUCKY FAIR AND EXPO CENTER MEETING ROOM LOCATION

The meeting will be held in the South Wing–C Rooms 101 & 104

2007 KENTUCKY BOARD OF NURSING CONFERENCE REGISTRATION FORM • JUNE 1, 2007

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Name:					
	irst	Last	С	redentials (RN, LPN, ARNP, etc.)	
Institution/Employer:					
Daytime Phone # (Include area code): ()			License #:		
Preferred Mailing Address:					
	Street				
	City		State	Zip Code	
Email Address:					

CONFERENCE REGISTRATION FEE: \$135 Per Person (Advance) \$175 Per Person (At the Door)

REGISTRATION DEADLINE: The registration form and fee must be returned to the KBN office by May 25, 2007. Submit the form and fee to the address listed below:

2007 Kentucky Board of Nursing Conference 312 Whittington Parkway, Suite 300 Louisville, KY 40222

• KBN reserves the right to cancel or alter the program if unanticipated circumstances necessitate change. •



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LICENSURE CORNER

2006 Licensure Renewal by Joyce A. Bonick JD, RN, Credentials Manager

Congratulations to all Kentucky licensees! This was a year of "firsts" for the renewal process: The first web-based annual licensure renewal for ALL licensees, and the first time the renewal process was available at the Kentucky State Fair. Both events were a great success! It was also the first time the advanced registered nurse practitioner could renew both the RN license and the ARNP registration at the same time, using one application. Although web-based renewal has been available for a number of years, the response this year encouraged KBN to thank all of you for taking this positive step forward into the age of technology with us.

The 2006 renewal statistics, by licensure type are: RN: 45,128 with 99.5% renewing online LPN: 12,970 with 98.9% renewing online ARNP: 2,779 with 99.3% renewing online SANE: 165 with 100% renewing online.

We also want to thank you for your feedback and suggestions for improvement.

Some of the positive comments received were:

• Great opportunity for nurses who are "intimidated" by the online process to renew at the fair!

- Super, easy and fast
- No problems with the process, it was the best idea in years.
- Great improvement for ARNP's to get "everything taken care of at once."

Some of the suggestions for improvement were:

- "To include a more visible or a clearer indication that the renewal process was completed." The language on the confirmation page, which is the final confirmation that the correct fee has been paid and the application has been submitted, is being reviewed.
- "Not to include license numbers on the postcard notifications." License numbers will NOT be on the 2007 renewal notification postcard.

KBN thanks licensees for their willing participation in the 2006 online licensure renewal process. KBN appreciates the comments and suggestions from licensees and will continue to evaluate the renewal process to enhance the 2007 renewal. Please watch for additional renewal information in the spring edition of the *KBN Connection*.

NURSING LEADERSHIP PROGRAMS: An Overview of the Kentucky Nursing Laws and the Kentucky Board of Nursing

You are encouraged to attend one of the KBN Laws and Leadership Programs offered periodically throughout the state. The next two programs are scheduled on:

April 5, 2007 at Pine Mountain State Park, Pineville. Hosted by Southeast Community & Technical College, Department of Continuing Education. For additional information, call 606-589-3047 at the College Middlesboro Campus. 6.9 contact hours of continuing education will be given.

May 16, 2007 at the KBN office, Louisville. For additional information, see the website at http://kbn.ky.gov or contact Cheryl Skaggs, Practice Assistant, at the KBN office.

The program is designed for administrators, managers and clinical staff, but is open to

everyone, and includes the following information:

- Review KBN's role as a regulatory agency; its mission, programs and activities, including current legislation.
- Examine the responsibility and accountability of nurses, nursing supervisors and administrators in relation to the *Kentucky Nursing Laws*, nursing practice, and current practice opinions.
- Discuss the complaint and disciplinary processes including mandatory reporting, investigation and resolution of complaints with actual case scenarios.
- Describe the requirements of nurses on probation and your role as an employer/peer.

 Explain the Kentucky Alternative Recovery Effort (KARE) for Nurses Program and the incidence of chemical dependency in the nursing profession.

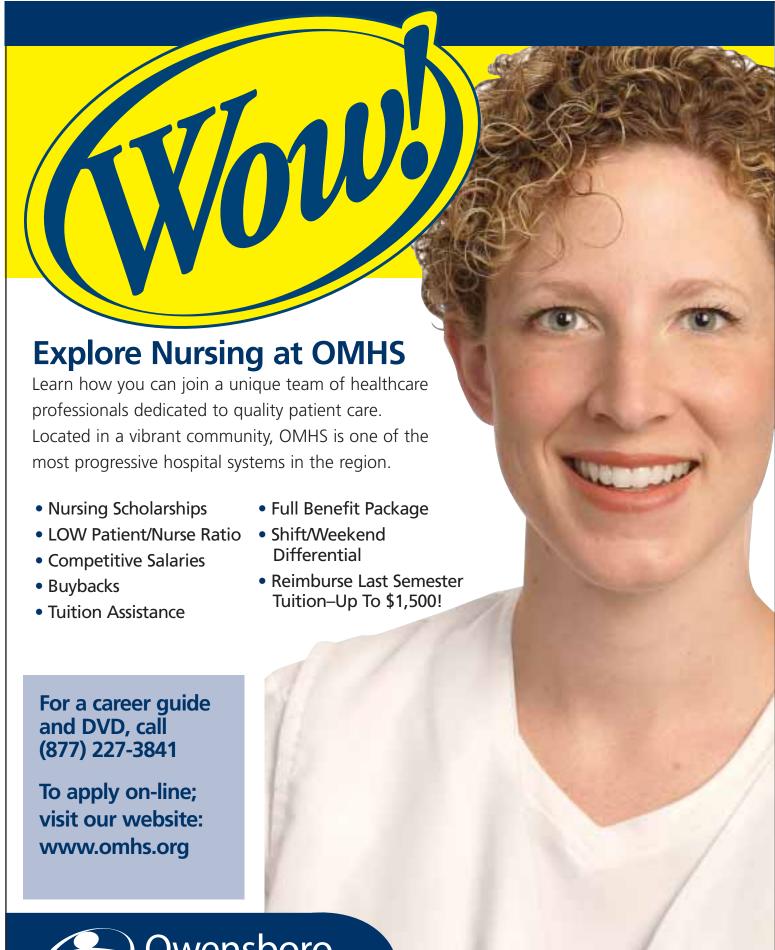
The goals of KBN in offering the program are multiple, and include in part:

- Participating in interactive and educational discussions with nurses in the Commonwealth about the laws governing their licensure, regulation, education and practice.
- Providing four programs a year geographically distributed throughout Kentucky and making the programs as available to as many nurses as possible.



Leadership Program Sponsors/Hosts Requested for 2007-2008

KBN would like to develop a partnership with agencies or organizations to host this program in 2007 or 2008. Should you wish to host a program, receive additional information or have questions, contact Bernadette Sutherland, Nursing Practice Consultant, at 502-429-3307 or 1-800-305-2042, ext 231.



CONTINUING COMPETENCY REQUIREMENTS

by Mary Stewart, Continuing Competency Program Coordinator

Change in Earning Periods for All Nurses

Nurses are now required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

For Renewal By	#CE Hours	
10/31/07	14 or equivalent	
10/31/08	14 or equivalent	
	10/31/07	

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include **one** of the following:

- 1. Proof of earning 14 approved contact hours; OR
- 2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
- 3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
- 4. Publication of a nursing related article; OR
- 5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
- 6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120

hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR

7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for

continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.

8. College courses, designated by

a nursing course number, and courses in physical and social sciences will count toward CE hours. One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.

Domestic Violence CE Requirement:

There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (onetime only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned durning the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements:

The 2 hours of mandatory HIV/AIDS CE must be earned once within the appropriate earning period. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 –

10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

If a college course does not fall within the designated categories (see #8 of CE Information Concerning Renewal), and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, inservice education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider. Contact the KBN office or go to

http://kbn.ky.gov to obtain an Individual Review Application. Complete and return it to the KBN office with requested materials and the \$10 non-refundable application fee. **Individual Review Applications must** be submitted by November 30 of the licensure year. KBN will notify the individual of the review outcome (i.e., approval or rejection) within about 6 weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of 5 years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN. A complete list of these organizations is available on the KBN website at http://kbn.ky.gov/education/ce/natlorgs. htm.

Additional information about CE/competency can be found on the KBN website at http://kbn.ky.gov/education.htm.

KENTUCKY

As KBN moves forward with the June 1, 2007 Nurse Licensure Compact (NLC) implementation, detailed information about this very significant change that will impact licensure and the employment of nurses in Kentucky will be included in this and subsequent issues of the *KBN Connection*.

In summary, the NLC is a mutual recognition model for nurse licensure that permits a RN or LPN to hold one license in his or her home state (primary state of residency) and to practice in other compact states (referred to as remote states). At this time, 20 states have implemented the NLC. The goal of the NLC is to simplify government processes and remove regulatory barriers in order to access safe nursing care. Participating in the NLC will afford Kentucky nurses increased mobility and greater work flexibility. The NLC will also enable employers to hire safe, competent licensed nurses from compact states more easily, assuring the KBN mission to protect the public through the provision of quality nursing care.

The KBN website at http://kbn.ky.gov has information regarding the NLC and will update Kentucky's progress toward implementation of the compact. The KBN website also has an updated list of states that belong to the compact and a link to all compact state board of nursing websites.

Some of the most significant licensure changes starting June 1, 2007 are as follows:

- 1. Nurses who live in other compact states will obtain and renew their license in their primary state of residence. Licensees who have declared their primary residence to be another compact state will need to obtain an active license in that state before June 1, 2007. The law states a nurse can hold only one compact license and that license must be issued by the primary state of residence. Employers need to be aware of the different renewal dates and method of licensure validation of nurses they employ from other compact states. Validation of licensure may be obtained by contacting the state board of nursing that issued the license or the National Council State Board of Nursing licensure database called Nursys at www.nursys.com.
- 2. Nurses who move from one compact state to another compact state have 30 days to obtain licensure in their new compact state of primary residence. Nurses may work on their previous compact license while they are obtaining licensure in the new compact state. Nurses who move from a non-compact state to Kentucky must obtain a Kentucky license or temporary work permit (TWP) before they can practice nursing in Kentucky.
- 3. Nurses who live in a non-compact state and apply for licensure in Kentucky are issued a single state license marked "Valid only in Kentucky."
- 4. Advanced registered nurse practitioners (ARNP) and sexual assault nurse examiners (SANE) are still required to obtain a Kentucky ARNP registration or SANE certification with KBN. For

example: once Kentucky implements the compact on June 1, 2007, a nurse could have a registered nurse (RN) license from another compact state and a Kentucky ARNP registration or SANE certification. The employer will need to validate the RN license with the appropriate compact board of nursing and the ARNP registration or SANE certification with KBN.

The KBN Conference June 1, 2007 at the Kentucky State Fairground in Louisville will feature a presentation on the NLC and provide an opportunity for discussion of compact implementation. Additional information about the conference appears in this issue

of the KBN Connection. Send questions or comments regarding the NLC to the KBN office at http://kbn.ky.gov/ncl_contact.htm. You can also contact Sue Derouen, NLC Project Coordinator, at Sue.Derouen@ky.gov or Nathan Goldman, General Counsel, at Nathan.Goldman@ky.gov.

The next issue of the *KBN Connection* will have information on how complaints about nursing practice may be reported once Kentucky implements the NLC and restrictions on nursing practice across state lines if the nurse's license is under discipline or there exists a monitoring agreement with a board of nursing.

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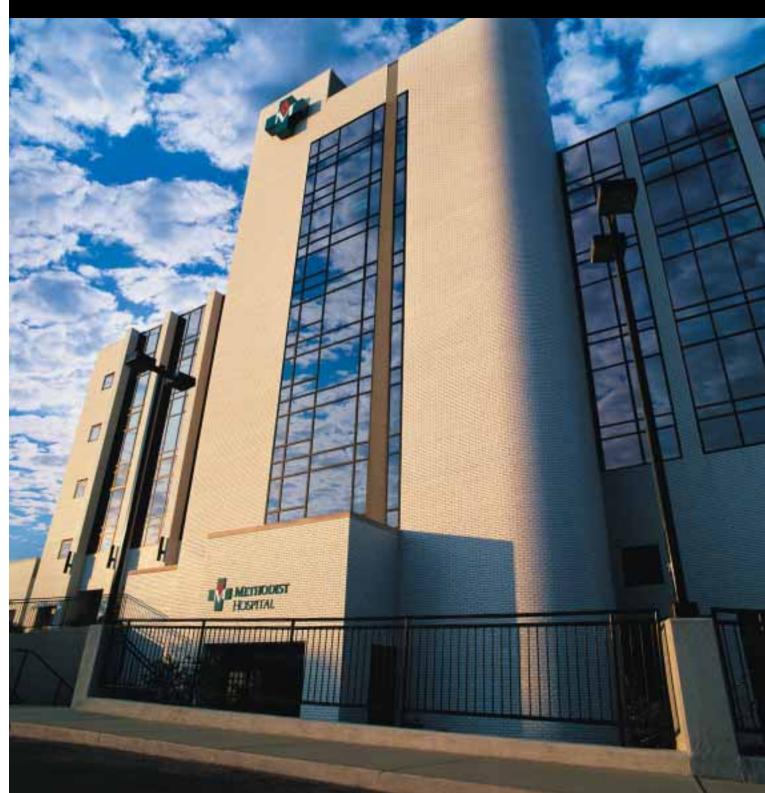
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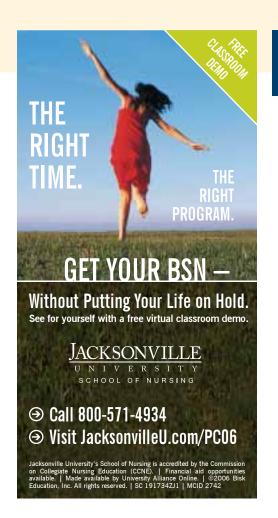
DISCIPLINARYActions

Since the publication of the fall edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws. A report that contains a more extensive list of disciplinary actions is available on the KBN website at http://kbn.ky.gov/conprotect/investdisc;/disciplinary.htm. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

LICENSE REVOKED			
* Bertsch, Mark A.	RN #1099940	Sellersburg IN	Eff. 10/20/06
IMMEDIATE TEMPORARY SUSPENSION			
* Dunn, Lola Annette	RN #1081573	Richmond KY	Eff. 10/13/06
* Ford, Betty Carol Ramsey	RN #1081091	Tompkinsville KY	Eff. 10/13/06
, , , , , , , , , , , , , , , , , , ,	LPN #2014461	-	
* Gentry, Shawn Paul	RN #1103290	Corbin KY	Eff. 10/13/06
* Geralds, Penny Jean	RN #1096711	Tompkinsville	Eff. 10/13/06
	LPN #2031765		
 * Hansen, Angela Terrese Rickard 	LPN #2036116	Flat Gap KY	Eff. 10/13/06
* Holbrook, Trena L.	LPN #2037693	Prestonsburg KY	Eff. 10/13/06
* Inman, Jami L.	RN #1063041	Nicholasville KY	Eff. 10/13/06
* Keyes, Amanda J.	RN #1102819	Nortonville KY	Eff. 10/13/06
+ rell 0 1	LPN #2036289	v + +11 vzvz	T CC 40/42/07
* Kilkelly, Cheryl F.	LPN #2031105	Louisville KY	Eff. 10/13/06
* McCarthy, Susan R. Snyder	RN #1106975	Owensboro KY	Eff. 10/20/06
* Mefford, Patricia Marie Niblock	LPN #2035446 LPN #2038543	Glasgow KY Winchester KY	Eff. 10/13/06 Eff. 10/13/06
* Sexton, Sarah Jo * Shofner, Loretta Ann Lambdin		Bardstown KY	Eff. 10/13/06
Summers, Dwayne D.	RN #1090228 Dialysis Technician	Ironton OH	Eff. 01/08/07
Summers, Dwayne D.	#8000724	Holiton OH	E11. U1/U0/U1
* Williams, Tyran Lerhonye	LPN #2038941	Louisville KY	Eff. 10/13/06
* Wiseman, Libby Jo Thomas	RN #1087540	Ravenne KY	Eff. 10/13/06
LICENSE IMMEDIATELY SUSPENDED			
BOARD ORDER; STAYED SUSPENSIO			
* Baker, Beatrix Jagemann	RN #1084367	Louisville KY	Eff. 12/21/06
, 8	LPN #2029609		
* Clay, Charlotte V.	RN #1100344	Madisonvile KY	Eff. 11/30/06
* Duke, Dana Rochelle	RN #1076226	Cloverport KY	Eff. 12/13/06
* Fickenscher, Tracy	RN #1102177	Fort Mitchell KY	Eff. 12/11/06
 * Goddard, Pamela Sue Quinton 	RN #1104437	Kitts Hills OH	Eff. 12/28/06
 * Harvey, Glenda Darlene 	RN #1098977	Columbia KY	Eff. 10/13/06
* Jones, Shanna Lee Cook	LPN #2033575	Watervalley KY	Eff. 11/03/06
* McGuffin, Sharmaine Harp	RN #1095286	Louisville KY	Eff. 11/22/06
dat 11 at an	LPN #2018270	T · · · · · 11 T/T/	T-CC 11/22/07
* Noble, Nancy Bayers	RN #1037482	Louisville KY	Eff. 11/22/06
* Shofner, Loretta Ann Lambdin	RN #1090228	Bardstown KY	Eff. 01/08/07
* Shreve, Beth Layne McIntosh	RN #1091304 LPN #2037368	Shelbyville KY Manchester KY	Eff. 12/13/06
* Swaford ,Audrey R.* Tinnell, Robin R. Carmicle	LPN #2037308 LPN #2025421	Shepherdsville KY	Eff. 11/14/06 Eff. 10/13/06
LICENSE/CREDENTIAL SUSPENDED	LFN #2023421	Shepherusville K1	EII. 10/15/00
* Eisenmenger, Jennifer M.	RN #1101756	Fairdale KY	Eff. 12/14/06
* Jones, Brenda S. Browning	RN #1051585	Harrogate TN	Eff. 10/20/06
* Summe, Darlene Hedger	LPN #2027893	Villa Hills KY	Eff. 12/14/06
LICENSE/CREDENTIAL CONTINUED			
Akin, Jamie Lynn Staples	RN #1097393	Brandenburg KY	Eff. 12/14/06
Alley, Marla Faye Bell	RN #1091999	Monticello KY	Eff. 10/20/06
· ·	LPN #2036444		
Berger, Susan L. Oder	RN #1033700	Hebron KY	Eff. 10/26/06
Cole, Connie S. Miracle	LPN #2022455	Virgie KY	Eff. 10/20/06
Farris, Kelly Jo Martin	RN #1095836	Keavy KY	Eff. 11/09/06
Mason, Carolyn J. Mace	LPN #2024784	Richmond KY	Eff. 10/20/06
O'Nan, Heather A. Tunnell	RN #1101655	Lexington KY	Eff. 12/14/06
Taylor, Mary D. Walters	RN #1068545	Pikeville KY	Eff. 12/14/06
Woods, Lisa Kay Major	RN #1080202	Nicholasville KY	Eff. 10/20/06
Bate, Cheryl Ann Streets	LPN #2030002	Vanceburg KY	Eff. 11/09/06

LICENSE/CREDENTIAL VOLUNTARILY	SURRENDERED			
Crum, Erica L.	RN #1084518	Greenup KY	Eff. 10/26/06	
* Gilley, Jennifer Marie	RN #1099005	Owensboro KY	Eff. 12/14/06	
* Howard, Linda Thompson	RN #1028413	Owensboro KY	Eff. 12/14/06	
* Justice, Derek Charles	RN #1093007	Lexington KY	Eff. 11/22/06	
Lindsay, Paula Rae	LPN #2028711	Louisville KY	Eff. 11/09/06	
* Priddy, Patricia Ann	RN #1044112	Bowling Green KY	Eff. 12/14/06	
Tiracy, Turicia film	ARNP #3022-P	Bowing Green III	E11. 12/1 1/00	
* Shoemake, Lela E. Martin	LPN #2024029	Lewisburg KY	Eff. 10/13/06	
* Stout, Teresa Gail Stout	RN #1086352	Evarts KY	Eff. 11/22/06	
LICENSE/CREDENTIAL DENIED REIN		Evants K1	Lii. 11/22/00	
Ellison, Kristina J. Hoy	LPN #2037575	Norris City IL	Eff. 10/20/06	
Helton, Teresa Gail Crowell	LPN #2036828	Elizabethtown KY	Eff. 10/20/06	
Jones, Brenda S. Browning	LPN #2010949	Harrogate TN	Eff. 10/20/06	
Leasor, Lora L. Whitesell	LPN #2026325	Louisville KY	Eff. 10/20/06	
Locke, Melanie Elizabeth McCann	LPN #2029789	Lewisport KY	Eff. 10/20/06	
May, Tammy Kidd	RN #1097659	Barboursville WV	Eff. 12/14/06	
Maynard, Natalie Renee	Dialysis Technician	Forest Hills KY	Eff. 12/14/06	
Maynard, Natane Renee	#8000298	Torest Illis Ki	Lii. 12/14/00	
Osterman, Holly C.	LPN #2037763	Somerset KY	Eff. 12/14/06	
Rouse, Shannon Hendrickson	LPN #2030200	Hazard KY	Eff. 12/14/06	
Routh, Jinny M.	RN #1101173	Jeffersonville IN	Eff. 12/14/06	
LICENSE TO BE REINSTATED LIMITE		Jenersonvine nv	Lii. 12/14/00	
Bradshaw, Charlotte Louise Broady	LPN #2015903	Jeffersonville IN	Eff. 10/20/06	
Pearson, Regina S. Pierce	RN #1068323	Paducah KY	Eff. 10/20/06	
Pruitt, Brenda L. Fout	RN #1075130	Eddyville KY	Eff. 10/20/06	
Rupe, Jaime Lyn Wireman	RN #1097184	West Liberty KY	Eff. 11/22/06	
LICENSE LIMITED/PROBATED	107/104	West Liberty K1	E11. 11/22/00	
Combs, Geneva	LPN #2031431	Dice KY	Eff. 12/14/06	
Hughes, Candi M.	RN #1101877	Isom KY	Eff. 12/14/06	
Mason, Lisa C. Johnson	RN #1064296	Richmond KY	Eff. 10/13/06	
Moore, David Louis, Jr.	RN #1099012	Richmond KY	Eff. 10/26/06	
Ross, Nakisha A.	LPN #2037645	Lexington KY	Eff. 11/09/06	
Sallengs, Kelly Wayne Fitzgerald	RN #1068425	Cynthiana KY	Eff. 10/26/06	
Smith, Debra Sturgeon	LPN #2027892	Louisville KY	Eff. 10/13/06	
REPRIMAND	E11("20210)2	Louisvine III	211. 10/15/00	
Choat, Mary Jayne	LPN #2022067	Eddyville KY	Eff. 11/21/06	
Hart, Susan Elaine Carter	RN #1081882	Caneyville KY	Eff. 10/26/06	
Hayden, Kechia Dawn	RN #1104347	Winchester KY	Eff. 11/09/06	
riajaon, ricema bawn	LPN #2033341	Willemediel IXI	211. 11/05/00	
Lawrence, April Gail	LPN #2033928	Fairdale KY	Eff. 11/09/06	
Lee, Stacy Jo	RN #1093602	Owensboro KY	Eff. 11/09/06	
Pratt, Deanna Sue	RN #1044554	LaGrange KY	Eff. 10/13/06	
Stewart, Tamara D. Ingraham	RN #1060648	Campbellsburg KY	Eff. 10/26/06	
Sutton, Laura ann Heavrin	LPN #2029591	Louisville KY	Eff. 10/13/06	
Wilson, Karen Marie Breeden	RN #1076562	Warsaw KY	Eff. 11/22/06	
,				
CONSENT DECREES ENTERED FISCAL YEAR TO DATE Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP				
1 0 1				
registration				
Imposition of civil penalty for failure to me	et mandatory continuing e	education requirement for rene	ewal of license 8	
LICENSES REMOVED FROM PROBAT	ION FISCAL YEAR TO	DATE	5	

VALIDATION OF LICENSURE • Nursing licensure can be verified through the KBN website at http://kbn.ky.gov. Validation through the website is considered primary source verification by various state and accrediting agencies. While subscription services are available, the basic service is free. You must enter either the nurse's RN or LPN license number or social security number. It will not search by name or the advanced practice registration number. The nurse's license card is evidence of licensure, as is the website validation. Either method should be acceptable; however, KBN is of the opinion that the website is a preferred method, since a license card can be altered. There may be a delay in receiving a license card if there is a change, such as a name change, or following renewal, since the cards are printed off-site. The website verification is real time. For questions, please contact Joyce Bonick, Credentials Manager, by email at JoyceA.Bonick@ky.gov or at 502-429-3331.



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